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# INTERNATIONAL DISTRIBUTOR QUESTIONNAIRE

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Please complete and send or fax to the following address:

**700 Industrial Park Drive  
Alabaster, Alabama 35007  
Phone: 205-663-2494  
Fax: 205-663-0756  
Email: [Roddie.Thurman@avantilipids.com](mailto:Roddie.Thurman@avantilipids.com)  
Web: [www.avantilipids.com](http://www.avantilipids.com)**

**INTERNATIONAL DISTRIBUTOR QUESTIONNAIRE****Confidentiality Notice:**

All information provided herein is considered confidential and will not be shared by Avanti with any third party without written consent of an authorized representative of the applicant.

The following information must be provided in order to be considered as a distributor of Avanti Polar Lipids products. Please provide as much information as possible.

PLEASE NOTE: THIS QUESTIONNAIRE DOES NOT CONSTITUTE A CONTRACT OR ANY OFFER FOR DISTRIBUTORSHIP. AVANTI RESERVES THE RIGHT TO ACCEPT OR REJECT DISTRIBUTOR APPLICATIONS AT ITS SOLE DISCRETION.

Prepared By:

Name \_\_\_\_\_

Title \_\_\_\_\_

**I. COMPANY INFORMATION**

Company Name: \_\_\_\_\_

Type of Entity: \_\_\_\_\_

Organized under the  
laws of: \_\_\_\_\_

Street Address  
(include P.O. Box): \_\_\_\_\_

City/State/Province: \_\_\_\_\_

Postal Code/Country \_\_\_\_\_

Telephone No.: \_\_\_\_\_ ( ) \_\_\_\_\_

Country Code Main Number Extension

Fax No.: \_\_\_\_\_ ( ) \_\_\_\_\_

Country Code Main Number Extension

Website: \_\_\_\_\_

**Contact Information:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Country Code Main Number Extension

Email address: \_\_\_\_\_

Please indicate below, your main type of business:

☐ Manufacturer    ☐ Distributor    ☐ Other - describe below

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## **II. ORGANIZATION**

1) What year was your business established? \_\_\_\_\_

2) In which countries, beside your own, do you wish to distribute Avanti products?

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3) Is your company a division or subsidiary of another company? ☐ Yes ☐ No

If yes, please list the name and location of parent company and affiliates:

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4) How many people does your company employ? \_\_\_\_\_

5) How many sales representatives are in your company? \_\_\_\_\_

6) Does your company sell through independent sales representatives, agents or distributors?

☐ Yes ☐ No

If "yes", please provide a brief explanation: \_\_\_\_\_

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7) Please provide us with your company's sales (in USD) for the following years:

2012 US \$ \_\_\_\_\_

2013 US \$ \_\_\_\_\_

2014 US \$ \_\_\_\_\_

2015 US \$ \_\_\_\_\_ (Projected)

8) List the names of the following principal executives:

President/CEO: \_\_\_\_\_

Managing Director/General Manager: \_\_\_\_\_

Vice President/Manager – Sales: \_\_\_\_\_

Vice President/Manager – Marketing: \_\_\_\_\_

### **III. SALES & MARKETING**

1) How many sales representatives will be selling our products?

Country/Territory: \_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ No. of Sales Representatives: \_\_\_\_\_

2) Are these sales representatives experienced in life science-based reagents sales? ☐ Yes ☐ No

3) Will you hire or appoint a marketing manager for our products? ☐ Yes ☐ No

If No, please explain: \_\_\_\_\_

4) What life science-based reagents manufacturers and products do you currently represent?

5) What life science-based reagents category (or categories) does your company specialize?

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6) How do you promotionally support your product lines in general?

Advertising

☐ Trade Shows

☐ Trade Magazines

☐ Newsletter

☐ Other: \_\_\_\_\_

Promotions

☐ Direct-mailings

☐ Other: \_\_\_\_\_

7) Number of Accounts and Distribution channels

Total No. Accounts: \_\_\_\_\_

Total No. Distribution Channels: \_\_\_\_\_

8) What markets do you focus on?

☐ Universities/research institutes   ☐ Pharmaceutical company's   ☐ Diagnostic company's

☐ CMO/CRO \_\_\_\_\_   ☐ Other: \_\_\_\_\_

9) Do you currently purchase Avanti products?

☐ Yes

☐ No

If yes:   ☐ Directly from Avanti

☐ From Distributor (Please identify): \_\_\_\_\_

10) What are the specific Tariff rates/Import duties on life science based reagents for each country/territory in which you wish to distribute Avanti products?

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11) Does VAT apply in any country/territory in which you wish to distribute Avanti Products?

☐ Yes   ☐ No

If yes, do you have a VAT Number?   ☐ Yes   ☐ No

#### **IV. PRODUCT INFORMATION**

Specific types of products you are interested in distributing. Check all that apply:

- ☐ Entire Catalog   
 ☐ Research Products   
 ☐ GMP Products   
 ☐ Analytical Services  
☐ Formulations   
 ☐ Lipidomics   
 ☐ Equipment   
 ☐ Custom Services

Comments

Are there any products you are prohibited/restricted from selling in any country/territory in which you are interested in distributing Avanti products?    ☐ Yes    ☐ No

If yes, please explain:

#### **V. SALES PROJECTIONS**

Please complete the table below for projections for all of the markets in which you wish to distribute Avanti products.

Sales Projection	1 <sup>st</sup> Year of Sales	2 <sup>nd</sup> Year of Sales	3 <sup>rd</sup> Year of Sales
Estimated No. of Customers			
Estimated No. of Orders			
Estimated Sales (USD)			

#### **VI. REFERENCES**

1) BANK REFERENCE:

Name of your Bank: \_\_\_\_\_

Address \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

**2) COMMERCIAL REFERENCES**

(USA if available, otherwise, please provide us with at least 2 international references):

Business Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_  
\_\_\_\_\_

Business Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_  
\_\_\_\_\_

Business Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_  
\_\_\_\_\_**VII. ORDER LOGISTICS**

Import Destination (list for each country/territory in which you wish to distribute Avanti Products):

Country/Territory: \_\_\_\_\_ Airport: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ Airport: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ Airport: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ Airport: \_\_\_\_\_

Country/Territory: \_\_\_\_\_ Airport: \_\_\_\_\_

**PAYMENT:** Who is responsible for payment?

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Contact Telephone

No.: \_\_\_\_\_

Contact Fax No.: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

**SHIP-TO:** Please provide the exact ship-to address for orders

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Contact Telephone

No.: \_\_\_\_\_

Contact Fax No.: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

**INSURANCE:** Is a Certificate of Insurance required with each shipment?☐ Yes ☐ No**INSPECTION:** Is SGS inspection (or other) required?☐ Yes ☐ No

**Freight-Forwarder:** Please specify if there is a particular freight forwarder that you prefer, use presently or that you have worked with in the past.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Contact Telephone

No.: \_\_\_\_\_

Contact Fax No.: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_



**DOCUMENTS:** Please indicate which documents are required with each shipment

- ☐ Commercial Invoice (How many copies?) \_\_\_\_\_
- ☐ Airway Bill      ☐ Certificate of Origin      ☐ Certificate of Analysis
- ☐ Other \_\_\_\_\_

**IMPORT RESTRICTIONS:** Please indicate whether any of the countries or territories have restrictions:

- ☐ Animal derived reagents
- ☐ Dry Ice
- ☐ Dangerous Goods
- ☐ Other (list): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SHIPPING CAPABILITIES:** Please indicate whether you are able to ship dangerous goods on dry ice to your customers:

- ☐ Able to ship dangerous goods to consignees
- ☐ Able to ship Dry Ice
- ☐ If unable to ship Dry Ice explain how you ship products at the required temperatures:

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE FOLLOWING INFORMATION MUST ACCOMPANY THIS QUESTIONNAIRE:**

- Any required authorization to import into each country or territory in which you wish to distribute Avanti products.
- Summary of Sales/Marketing growth strategy
- List of all countries where you are requesting distribution rights.
- A corporate brochure from your company, if available
- Current examples of marketing materials (flyers, brochures, advertising copy, etc.)

Feel free to include any other information which demonstrates your qualification to act as an Avanti distributor.

**Thank you for taking the time to complete this Questionnaire.** It is important to Avanti to ensure that our distributors are knowledgeable of the market, experienced in sales and marketing, and have financial security to properly act as our representative in their territory(ies).

We will thoroughly review this questionnaire and contact you as soon as possible. Please do not hesitate to contact us if you have any questions or comments.

Your interest in becoming a distributor for our products is greatly appreciated.

-----See cover page for instructions for returning this Questionnaire to us.-----